



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Miele et al.

Art Unit: 1646

Application No. 09/806,440

CERTIFICATE OF MAILING

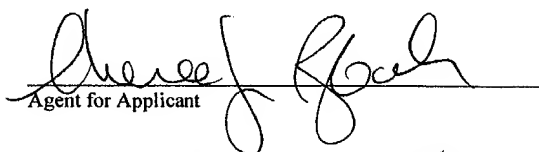
Filed: March 30, 2001

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service on May 13, 2002, as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

For: APOPTOSIS INDUCING AGENTS AND METHODS

Examiner: Not yet assigned

Date: May 13, 2002

  
Agent for Applicant

TRANSMITTAL LETTER


COMMISSIONER FOR PATENTS  
WASHINGTON, DC 20231

Enclosed for filing in the application referenced above are the following:

- ☒ Revocation of Prior Power of Attorney, New Power of Attorney by Assignee and Certificate by Assignee Under 37 CFR § 3.73.
- ☒ The Director is hereby authorized to charge any additional fees that may be required, or credit over-payment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By   
Sheree Lynn Rybak, Ph.D.  
Registration No. 47,913

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cc: Docketing



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Art Unit:

Application No. 09/806,440

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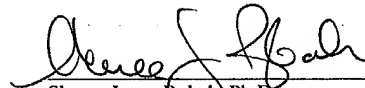
Filed: March 30, 2001

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service on 5-15-02 as First Class Mail in an envelope addressed to: COMMISSIONER FOR PATENTS, WASHINGTON, D.C. 20231.

For: APOPTOSIS INDUCING AGENTS AND METHODS

Examiner:

Date: April 18, 2002

  
Sherree Lynn Rybak, Ph.D.  
Agent for Applicants

**REVOCATION OF PRIOR POWER OF ATTORNEY, NEW POWER OF ATTORNEY  
BY ASSIGNEE AND CERTIFICATE BY ASSIGNEE UNDER 37 CFR § 3.73**COMMISSIONER FOR PATENTS  
WASHINGTON D.C. 20231

THE GOVERNMENT OF THE UNITED STATES OF AMERICA, AS REPRESENTED BY THE SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES is the Assignee of the entire right, title and interest in the above-identified patent application, as evidenced by the Assignment

- ☐ attached hereto.  
☒ recorded in the U.S. Patent and Trademark Office at Reel 11755, Frames 662-666.

The Assignee hereby revokes all prior powers of attorney for this matter, and appoints as its representatives to conduct all business in the Patent and Trademark Office connected therewith the attorneys and agents identified below:

Name	Reg. No.	Name	Reg. No.
James C. Haight	25,588	Jack Spiegel	34,477
Robert Benson	33,612	David R. Sadowski	32,808
Susan S. Rucker	35,762	Steve Ferguson	38,448
John Peter Kim	38,514	Richard U. Rodriguez	45,980
Stephen L. Finley	36,357	Marlene Shinn	46,005
Norbert Pontzer	40,777		

all of the National Institutes of Health, Office of Technology Transfer, 6011 Executive, Boulevard, Suite #325, Rockville, MD 20852; and grants an Associate Power of Attorney to the attorneys and agents listed below:



Name	Reg. No.	Name	Reg. No.
Richard J. Polley	28,107	Lisa M. Caldwell	41,653
William D. Noonan	30,878	Michael D. Jones	41,879
Donald L. Stephens Jr.	34,022	Tanya M. Harding	42,630
Stacey C. Slater	36,011	Gregory L. Maurer	43,781
Susan Alpert Siegel	43,121	Robert F. Scotti	39,830
Wayne W. Rupert	34,420	Sheree L. Rybak	47,913
Devon J. Zastrow	P-50,206	Anne Carlson	47,472
Gillian Bunker	47,461		

all of the law firm of Klarquist Sparkman, LLP, 121 SW Salmon Street, Suite 1600, Portland, Oregon 97204.

The Assignee certifies that the above-identified Assignment has been reviewed and to the best of Assignee's knowledge and belief, title is in the Assignee, as demonstrated by the copy of the Assignment submitted herewith.

Please address all correspondence to William D. Noonan, M.D. at:

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One World Trade Center, Suite 1600  
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The National Institutes of Health Office of Technology Transfer has been duly delegated responsibility for patent matters under the authority of the memorandum dated May 21, 1991, from Louis W. Sullivan, the Secretary of the Department of Health and Human Services, delegating the authority to the Heads of the Public Health Service Operating Divisions, as well as a memorandum dated October 9, 2001, from Mark L. Rohrbach, Ph.D., J.D., Acting Director, Office of Technology Transfer, National Institutes of Health, delegating authority to sign this Power of Attorney to the undersigned individual. The undersigned is therefore authorized to exercise such authority in this matter.

Executed on 5-1-02, at Rockville, Maryland.

UNITED STATES DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

Richard U. Rodriguez  
Name:

Reg. No.: 45,980  
National Institutes of Health  
Office of Technology Transfer  
6011 Executive Boulevard, Suite #325  
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SEP 08 2003

CLIENT/MATTER NO. 4239-58051/SLR ATTY/SEC SLR/dm  
INVENTOR(S): Miele et al.

APP. NO. 09/806,440 FILING DATE 3/30/2001  
The following, due -, mailed 5/13/2002

by First Class Mail, was received in the U.S. PTO on the date stamped hereon:

<input type="checkbox"/> Amendment	<input type="checkbox"/> Marked Up Claims/Spec.	<input type="checkbox"/> After Final Rejection
<input type="checkbox"/> Extension of Time/Extension Fee for <u>    </u> Months		
<input type="checkbox"/> Notice to File Missing Parts - Date <u>    </u>	<input type="checkbox"/> Ltr. to Draftsperson	
<input type="checkbox"/> Notice to File Corrected App. Papers - Date <u>    </u>	<input type="checkbox"/> Notice-Allowability	
<input type="checkbox"/> Comb. Dec./POA <u>    </u> Sht(s) Drawings <u>    </u>	<input type="checkbox"/> Late Fee <u>    </u>	<input type="checkbox"/> Sht(s) Drawings <u>    </u>
<input type="checkbox"/> Issue Fee Transmittal (Form PTOL-85b)	<input type="checkbox"/> Sequence Listing <u>    </u> pages	<input type="checkbox"/> Stmt in Comp. <u>    </u> Disk
<input type="checkbox"/> Supp. Dec. <u>    </u> Issue/Adv. Order fees <u>    </u>	<input type="checkbox"/> Petition	
<input type="checkbox"/> IDS <u>    </u> Form PTO-1449/Ref. <u>    </u>	<input type="checkbox"/> Recordal Sheet	
Assignment to: <u>    </u>		
<input checked="" type="checkbox"/> Transmittal Ltr. + <input checked="" type="checkbox"/> 1 <u>2</u> copy(ies)	<input type="checkbox"/> Request for Corrected Filing Receipt	
<input type="checkbox"/> Check No. <u>    </u> for \$ <u>    </u>	<input checked="" type="checkbox"/> Deposit Acct. 02-4550 Authority	
<input checked="" type="checkbox"/> Revocation of Prior POA, New POA by Assignee & Cert. by Assignee.		

MAY 31 2002